Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|---|----------------------|---|--|---|------------------|---------------------|------------------------|-----|----------------------------|------------------------|
| FO | R | | R FILED | NUMBER E | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | The state of the s | | | | 380.00 | OR | | 760.00 |
| TOTAL CLAIMS // | | | minus 20 |)= * | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS / minus 3 = * | | | | | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | +130= | | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | TAC, | OR | TOTAL | 160 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL | ENTITY | OR | OTHER SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MON | Total | * | Minus | ** 20 | = | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** 3 | = | X39= | | OR | X78= | |
| | FIRST PRESE | NTATION OF MU | JLTIPLE DEPL | ENDENT CLAIM | | +130= | 1 | OR | +260= | |
| | | | | | | TOTAL ADDIT. FEE | | اما | TOTAL ADDIT. FEE | , |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | · 10 | Minus | **20 | = | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * \ | Minus , | ENDENT CLAIM | = | X39= | | OR | X78= | |
| | rino i PHESE | NIAHON OF M | ULTIFIE DEP | EINDEIN OLAIM | | +130= | | OR | +260= | |
| : | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | € |
| ¥ | · · · | (Column_1) | | (Column 2) | (Column 3) | | · | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MON | Total | * (O | Minus | -20 | = | X\$ 9= | | OR | X\$18= | 1 |
| ME | Independent | * /\ | Minus | ***3 | = | X39= | | OR | X782 | |
| Ľ | FIRST PRESE | NTATION OF M | ULTIPLE DEP | ENDENT CLAIM | | 1100 | † | 1 | 29() | |
| | If the entry in colu | mn 1 is less than t | he entry in colun | nn 2, write "0" in co | lumn 3. | +130= TOTAL | | OR | TOTAL | # |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 12, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | (3) |

This Form for INTERNAL PTO LE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/382423

Total Fee Calculation

| Total rec Calculation | | | | | | | | | | |
|--------------------------|-----------------|-------------------|-----------------|-------------|-------------|-----------|---|-------|--|--|
| | Fee Code | Total # Claims | Number Extra | x | Fee | Fee | а | Total | | |
| | Sm./Lg. | | | | Sm. Entity | Lg. Entit | y | | | |
| Basic Filing Fee | 201/101 | / | | | · | | = | 760 | | |
| Total Claims >20 | 203/103 | | = | х | | | = | | | |
| Independent Claims >3 | 202/102 | | | x | | | = | | | |
| Mult. Dep Claim Present | 204/104 | | | | | | = | | | |
| Surcharge | 205/105 | | | | | | = | 130 | | |
| English Translation | 139 | | | | • | | | | | |
| TOTAL FEE CALCUL | ATION | | | | | | | 190 | | |
| Fees due upon filing t | he application: | | | | | | | | | |
| Total Filing Fees Due | = \$ | 8 | 190 | | | | | | | |
| Less Filing Fees Subn | nitted - \$ | | Ø . | _ | | | | | | |
| BALANCE DUE | = \$ | f | 140 | | | | | | | |
| Office of Initial Patent | Examination | · | | | - - | | · | | | |

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)